

Gaithersburg Youth Center Trip (Grades 6-8)

FAMILY RECREATION PARK

Fri., April 7
9am-2pm

\$20
Members Only



BOHRER PARK ACTIVITY CENTER
506 S. FREDERICK AVE.
GAITHERSBURG, MD 20877

FAMILY RECREATION PARK
21036 NATIONAL PIKE
BOONSBORO, MD. 21713

Registration Information:

Return Permission Slip & Payment to
City of Gaithersburg:

Activity Center/GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the
City of Gaithersburg. Visa,
Discover, MasterCard, &
AMEX accepted.

JOIN US FOR A FUN-FILLED DAY AT FAMILY RECREATION PARK!

THE TRIP WILL DEPART FROM THE ACTIVITY CENTER AT 9:00AM AND RETURN TO
PARTICIPANTS TO THE GAITHERSBURG YOUTH CENTER BY 2:00PM

Trip participants will be returned to the GYC and are welcome to stay until it closes at 6:00pm.

****Program participants may be in groups which may or may not include a staff member****

Lunch will not be provided on this trip. Please send your child with a bag lunch.



Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350
Gaithersburg Parks, Recreation & Culture - Move...Play...Grow

Family Recreation Park 4/7/17 #47286

☐ Check here if new address/phone since last time registered. City Resident ☐ Nonresident ☐

Parent's Last Name _____ Parent's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

Email _____

Participant's Name	Sex (M/F)	Birthdate (M/D/Y)	Activity	Activity #	Date	Grade	School	Fee
			Fam Rec Park	47286	4/7/17			\$20

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs an/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ Cash ☐ Check # _____

Visa/MC/DISC/AMEX# _____ Exp. Date ____/____

Signature (name on card) _____

Print Name _____

Office Use Only: 47286

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____

Office Use Only: 47286

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____